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## BIB DATA SHEET

CONFIRMATION NO. 2685

|   |   |   |                                 |  |                           |                                |
|---|---|---|---------------------------------|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/519,884  | <b>FILING or 371(c) DATE</b><br>07/15/2005<br><b>RULE</b>   | <b>CLASS</b><br>435   | <b>GROUP ART UNIT</b><br>1641   | <b>ATTORNEY DOCKET NO.</b><br>JG-RMC-5139PCT/US 500954.      |                           |                                |
| <b>APPLICANTS</b><br>James Woods, Rochester, NY;<br>Marion W. Andres, Rochester, NY;<br>Lin Xu, Rochester, NY;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/20699 06/30/2003<br>which claims benefit of 60/393,182 07/01/2002<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> |   |   |                                 |  |                           |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/ANN Y LAM/</u><br>Examiner's Signature  |   | <input type="checkbox"/> Met after Allowance<br><u>Initials</u> | <b>STATE OR COUNTRY</b><br>NY   | <b>SHEETS DRAWINGS</b><br>5                                  | <b>TOTAL CLAIMS</b><br>14 | <b>INDEPENDENT CLAIMS</b><br>7 |
| <b>ADDRESS</b><br>REED SMITH, LLP<br>ATTN: PATENT RECORDS DEPARTMENT<br>599 LEXINGTON AVENUE, 29TH FLOOR<br>NEW YORK, NY 10022-7650<br>UNITED STATES  |   |   |                                 |  |                           |                                |
| <b>TITLE</b><br>Method for determination of likelihood of occurrence of preterm labor in pregnant females   |   |   |                                 |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>765   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   |                                 | <input type="checkbox"/> All Fees                            |                           |                                |
|   |   |   |                                 | <input type="checkbox"/> 1.16 Fees (Filing)                  |                           |                                |
|   |   |   |                                 | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                           |                                |
|   |   |   |                                 | <input type="checkbox"/> 1.18 Fees (Issue)                   |                           |                                |
|   |   |   |                                 | <input type="checkbox"/> Other _____                         |                           |                                |
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